

<p><b>Mail to:</b></p> <p>Division of Compliance Assistance          Certification and Licensing Branch          Operator Certification Program          300 Fair Oaks Lane          Frankfort, KY 40601</p>	<p>Commonwealth of Kentucky          Department for Environmental Protection</p> <p><b>Education and Experience          Documentation Form</b></p> <p><i>Drinking Water Treatment, Drinking Water Distribution,          Bottled Water,          Wastewater Treatment and Collection System</i></p> <p>Telephone 1-800-926-8111  <a href="http://www.dca.ky.gov/certification">www.dca.ky.gov/certification</a></p>	<p><i>For Official Use Only          Do not write in this space</i></p>
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**If you are requesting to attend a certification school or to take an examination, you must complete this form as well as the Registration Form for Exams and Training.**

APPLICANT INFORMATION				
Name (First)	(Middle Initial)	(Last)	Agency Interest Number (as shown on wallet card)	
Address (Number and Street)		City	State	Zip Code
E-Mail Address	Home Phone Number ( )		Business Phone Number ( )	

CURRENT CERTIFICATIONS			
List all current water and/or wastewater certifications.			
Certification Type	Certificate Number	Certificate Level	Expiration Date

FACILITY INFORMATION					
List all facilities where you currently work as an operator. Attach additional sheets as necessary.					
Facility Name	County	KPDES, PWSID or Agency Interest Number	Start Date	Design Capacity, Daily Flow of Facility or Population Served	Phone Number

As a certified operator, have you ever been the subject of a disciplinary action? (Probation, suspension or license revocation)  
☐ No ☐ Yes If yes, please explain and identify the year and the state agency that implemented the action.

EDUCATION AND TRAINING		
Circle the highest grade completed and fill in the appropriate blanks.		
High School or GED 9 10 11 12	School Name	
College - Undergraduate	School Name	Degree and Major
College - Graduate	School Name	Degree and Program
Other training applicable to the certification requested. Provide the course name and content. Attach documentation of completion and credit hours earned.		
Course Name	Content	
Course Name	Content	
A COPY OF OFFICIAL EDUCATION TRANSCRIPTS OR RECORDS VERIFYING EDUCATION MUST ACCOMPANY THIS APPLICATION (i.e. GED certificate, high school diploma, college transcripts or diploma)		



**WORK EXPERIENCE**

List your current position first. List all the duties associated with each position, but be specific regarding your drinking water and/or wastewater operational duties. If your duties are split between several areas of responsibility, indicate the percentage of time spent working in each area. (Attach additional sheets if you need to list additional experience).

Facility Name	Job Title	KPDES, PWSID or Agency Interest Number
Facility Address	Month	Dates of Employment Year to Month Year
Supervisor Name	Phone Number ( )	
Detailed description of duties:		
Facility Name	Job Title	KPDES, PWSID or Agency Interest Number
Facility Address	Month	Dates of Employment Year to Month Year
Supervisor Name	Phone Number ( )	
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Facility Name	Job Title	KPDES, PWSID or Agency Interest Number
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Facility Address	Month	Dates of Employment Year to Month Year
Supervisor Name	Phone Number ( )	
Detailed description of duties:		

**INFORMATION VERIFICATION**

All applications are subject to audit for verification of job duties and employment history.

*I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and /or KRS 224.99-010.*

Print Applicant's Name	Applicant's Signature	Date
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